

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Suzuki et al.

For: CHAT SYSTEM, DUMMY CLIENT SYSTEM
FOR CHAT SYTEM, AND COMPUTER
READABLE MEDIUM STORING DUMMY CLIENT
PROGRAM

I hereby certify that this paper is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Asst. Comm. for Patents, Washington, D.C. 20231, on this date.

9-27-00
Date

Express Mail Label No.: EL409506461US

Enclosed are:

- (X) 122 pages of specification, including 35 claims and an abstract.
- (X) an executed oath or declaration, with power of attorney.
- () an unexecuted oath or declaration, with power of attorney.
- () sheet(s) of informal drawing(s).
- (X) 33 sheet(s) of formal drawings(s).
- (X) Assignment(s) of the invention to Fujitsu Limited.
- (X) Assignment Form Cover Sheet.
- (X) A check in the amount of \$ 40.00 to cover the fee for recording the assignment(s) is enclosed.
- (X) Information Disclosure Statement.
- (X) Form PTO-1449 and cited references.
- () Associate power of attorney.
- (X) Priority Document.

Fee Calculation For Claims As Filed

| | | | | | | | |
|----------------------------|-----------|---|-----------|---|-----------|-----------------|--------------------|
| a) Basic Fee | | | | | | | \$ 690.00 |
| b) Independent Claims | <u>3</u> | - | <u>3</u> | = | <u>0</u> | x \$ 78.00 = \$ | <u> </u> |
| c) Total Claims | <u>39</u> | - | <u>20</u> | = | <u>19</u> | x \$ 18.00 = \$ | <u>342.00</u> |
| d) Fee for Multiple Claims | | | | | | \$260.00 = \$ | <u> </u> |
| Total Filing Fee | | | | | | | \$ <u>1,032.00</u> |

- (X) A check in the amount of \$ 1,032.00 to cover the filing fee is enclosed.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.

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